CALFRESH (CF) PROGRAM REQUEST FOR POLICY/REGULATION INTERPRETATION

INSTRUCTIONS: Complete items 1 - 10 on the form. Use a separate form for each policy interpretation request. If additional space is needed, please use the second page. Be sure to identify the additional discussion with the appropriate number and heading. Retain a copy of the CF 24 for your records.

Questions from counties, including county Quality Control, must be submitted by the county CalFresh Coordinator and may be submitted
directly to the CalFresh Policy analyst assigned responsibility for the county, with a copy directed to the appropriate CalFresh Policy unit
manager.

1. RESPO	NSE NEEDED DUE TO:	5.	DATE OF REQUEST:	NEED RESPONSE BY:
√ F	olicy/Regulation Interpretation		3/20/14	4/7/14
	QC	6.	COUNTY/ORGANIZATION:	
√ F	air Hearing		Mendocino County	
	Other:	7.	SUBJECT: SSI/SSP	
2. REQUE	ESTOR NAME:	8.		ACIN, court cases, etc. in references) ve a regulation cite(s) and/or a reference(s).
3. PHON	E NO.:			
	ATION CITE(S):			
	02.266			
	rion: (INCLUDE SCENARIO IF NEEDED FOR CLARITY): omer asked had his SSI/SSP benefits discontinue			
10. REQU	ESTOR'S PROPOSED ANSWER:			
a pe "Ond for fo nonr	he would be eligible to CalFresh benefits since herson: se receiving SSI/SSP benefits, the person will rerected benefits until actually terminated from eccipt or suspension of SSI/SSP payments do not specify that the person has to the contract of the person has the contract of the cont	main inelig the SSI/S ot restore	ible SP Program; periods of food stamp eligibility."	

FOR CDSS USE
DATE RESPONDED TO COUNTY/ALJ:
3-27-14 (JN)

63-402.266, the recipient would be eligible to receive CalFresh as long as he has been "terminated" from the SSI/SSP

Program, as long as he meets all the other conditions of eligibility.